

THE SPOTLIGHT

BENEFITS & WELLNESS NEWSLETTER

2019 OPEN ENROLLMENT EDITION

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Click on the logo below to see the latest ThriveOn news!



Open Enrollment is

November 1 – November 15, 2018!

Open Enrollment is your opportunity to make changes to your health, life, disability and flexible spending account (FSA) benefit elections for the next plan year.

Open Enrollment is voluntary this year. Your current benefit elections – **with the exception of FSA elections which must be made each year** – will rollover to next year.

Even if you do not want to make changes to your benefit elections,

log in to fccbenefits.com to review your contact information. Keeping your contact information up-to-date is the best way to make sure you receive the latest news about your benefits and ThriveOn wellness program.

Your e-mail and telephone number can be updated within the enrollment system by following the steps on [page 3](#).

To update your mailing address, contact your agency's payroll officer.

Notice the Spotlight's new look?

In an effort to encourage Cooperative members to use online resources and to support the Franklin County Board of Commissioner's goal to promote good stewardship of natural resources and environmental sustainability, the Spotlight is transitioning to an electronic newsletter. Live links throughout the document will direct you toward information that can be found on the [Benefits & Wellness website](#), BeWell.franklincountyohio.gov.

The intention of this Spotlight is to highlight changes and new programs being introduced for the 2019 plan year.

For a look at more detailed information regarding a benefit not listed in the Spotlight, click one of the links below:

- [Behavioral Health Coverage](#)
- [Dental Coverage](#)
- [Vision Coverage](#)
- [Prescription Drug Coverage](#)

A Message from Franklin County Administrator Wilson



Open Enrollment is upon us once again as 2018 winds down and we gear up for what will be an exciting 2019. While reading through the Spotlight newsletter, I challenge you to consider how the Cooperative's health improvement offerings and Thrive-On wellness programs can help

you and your family practice prevention and reinforce your commitment to seeking out quality care. By remaining aware of how and where we receive care from and focusing on prevention, we can ultimately take personal responsibility for our health.

When we hear the term 'prevention' in the context of health and wellness, we generally think of activities like hand washing, getting a flu shot, eating a well-balanced diet and incorporating enough exercise into our daily routines. While these basic building blocks lay a sturdy foundation for preventive care, I challenge you to take it a step further.

One of the best ways to do that is by establishing a relationship with a primary care provider. By maintaining a relationship with one provider and enhancing that relationship year after year, you can develop a plan to reach and maintain your health and wellness goals. If you are unsure of how to begin looking for a primary care provider, I encourage you to reach out to our nurse liaison, Vickie Yowell.

True to the saying 'put your money where your mouth is', additional incentive dollars will be available in 2019 to promote the primary care physician – patient connection.

New programs beginning in 2019 illustrate the Cooperative's commitment to accessible, quality care.

CancerBridge, a program associated with OSUCCC—James and new in 2019, helps you and your family understand and navigate the cancer healthcare system. Within 24 hours, you receive guidance from a world class cancer specialist who is an expert in your specific type of cancer.

This service is provided free-of-charge to Cooperative members and their immediate family.

Several years ago, the plan introduced Virtual Visits (VV) which made access to medical providers more convenient through your computer or your mobile phone. I have personally used the virtual visit option and found it to be very comprehensive and convenient. Virtual Visits for EAP/ Behavioral Health provides the same type of access to behavioral health and EAP clinicians. With Virtual Visits for EAP/ Behavioral Health you can establish a regular weekly or monthly appointment with the same clinician in the comfort of your own home, in your office over lunch or in your car while waiting for your child to finish practice.

Earlier this year, I stepped up on the podium along with Commissioner Marilyn Brown, Assistant Director Jodi Leis and then Wellness Coordinator Amanda Blake, at the Business First Healthiest Employers expo, to accept the second place trophy for large employers in the Central Ohio area. I accepted this award not only on my behalf, but yours too. I am very proud of the comprehensive benefits & wellness program we are able to offer, but it requires diligent management and a shared responsibility by all members of the Cooperative to spend every healthcare dollar wisely.

Thank you for being a part of the Cooperative's success in 2018. Join me in 2019 to continue the journey.



Franklin County Administrator Ken Wilson, Commissioner Marilyn Brown, Human Resources Asst. Director Jodi Leis and Wellness Coordinator Amanda Blake accept the 2018 Business First Healthiest Employers second place award for healthiest large employer in the Central Ohio area.

Do you need to make changes during Open Enrollment?

Ask yourself these questions.

Do I need to remove a dependent from my coverage?

When a dependent (child, spouse or domestic partner) is no longer eligible under the plan, you are required to notify the Benefits & Wellness Office within 30 days of the loss of eligibility. Additionally, each year at Open Enrollment, you are encouraged to review the [definition of an eligible dependent](#) and remove any dependent from your plan who does not qualify. Enrolling an ineligible dependent or failure to report the loss of eligibility of a dependent is considered fraud against the plan and is punishable up to and including termination of employment.

Dependents who are covered on your plan are listed on your [2019 OPEN ENROLLMENT BENEFIT SUMMARY](#). If you have a dependent enrolled on your plan, take the dependent eligibility quiz on page 5 and remove any ineligible dependents from your coverage. You may be required to supply [documentation to verify the eligibility of dependents](#) enrolled on your health and life plans. If you require assistance, please contact the Benefits & Wellness Office.

Do I need to update my contact information in the enrollment system?

Providing the plan up-to-date contact information at fccbenefits.com is key to getting the most out of your benefits and ThriveOn wellness programs. If you need to update your address, please contact your agency's payroll officer.



Do I need to change from the dental DMO to the dental PPO?

If you enroll in the DMO, make sure that your dental providers are in the DMO network. (Search for DMO providers at Aetna.com.) If you are selecting a new dental provider, call the provider's office and ask if they are accepting new Aetna DMO patients. If you enroll in the DMO during Open Enrollment, you cannot switch to the dental PPO until next Open Enrollment. [Click here to read more.](#)

Do I want to enroll in Short or Long Term Disability?

Unless you are a New Hire or experience a Life Event, Open Enrollment is your only opportunity to enroll in the disability program. This is a voluntary program and you pay 100% of the premiums. [Click here to read more about disability insurance.](#)

Do I want to make FSA elections for 2019?

Your FSA options include both healthcare (HCFSA) and dependent care (DCFSA). The HCFSA allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare costs for you and your eligible dependents. The DCFSA allows you to set aside pre-tax dollars to pay for child or elder care expenses, i.e. day care. [Click here to learn more about the FSA programs.](#)



DON'T GET CAUGHT WITHOUT COVERAGE

Open Enrollment begins Thursday, November 1st and ends Thursday, November 15th. It is your opportunity to make changes to your health, life, disability and flexible spending account benefit elections for plan year 2019. Changes requested during Open Enrollment are effective January 1, 2019. Open Enrollment is not mandatory. Your current benefit elections will rollover to plan year 2019. **The only exception is flexible spending account (FSA) elections. If you want to participate in the healthcare or dependent care FSA programs in 2019, you MUST make these elections during Open Enrollment.**

Instructions to review your 2019 Benefits and make changes during Open Enrollment

2019 Open Enrollment

November 1 — November 15



- 1) Go to <https://fccbenefits.com> or use the QR code below to access the system via your mobile device.
- 2) Click YES to accept the **2019 DISCLAIMER**.
- 3) Login using your username and password. If you forgot your username or password, use the reset function. Your company key is **fcc** (all lowercase).
- 4) Click on your name in the upper right hand corner of the screen.
 - Your 2019 benefit elections and associated costs appear under **2019 OPEN ENROLLMENT BENEFIT SUMMARY**.
 - Your costs will show as per pay deductions.
- 5) Review your **2019 OPEN ENROLLMENT BENEFIT SUMMARY**.
 - Review your benefit elections
 - Review your contact information
 - [Review your eligible dependents](#)
 - Review your per pay deductions
 - If you are enrolled in supplemental life or disability, be sure to check those deductions too.
- 6) If you need to make changes, click on the edit button next to the dependent or coverage you wish to change. You can also go to your **HOME** page and click on the blue **START HERE** button to walk through all dependent(s) and coverages. Follow the prompts.
- 7) Select **APPROVE** and then **I AGREE** to confirm your 2019 benefit elections.
- 8) Make note of your **CONFIRMATION NUMBER** or select the **PRINT BENEFIT SUMMARY** to print a copy of the summary for your records.

To review your benefit elections on your mobile device, simply scan this QR code to quickly access the enrollment system. If you don't have a QR reader on your mobile device, download one from your app store.



Dependent Eligibility Quiz

Not sure if your child, spouse or partner is eligible for coverage? Take the quiz below to confirm.

TO CONFIRM ELIGIBILITY OF A CHILD:

Place a ✓ in each box that applies.

STEP 1: My child is:

- A natural, step or adopted (includes placed for adoption) child of mine, my spouse or my domestic partner.
- A child for whom legal guardianship has been awarded to me, my spouse or my domestic partner.
- A child for whom healthcare coverage is required through a Qualified Medical Child Support Order.
- A grandchild, i.e. a child of your eligible dependent child. The parent (your child) of that grandchild must be eligible and enrolled in the health plan as well.

If you did not check a box in STEP 1, your child is NOT eligible. If you checked a box in STEP 1, proceed to STEP 2.

STEP 2: My child/grandchild is:

- Less than 26 years of age.
- A disabled dependent.

If you checked a box in STEP 2, your child is eligible. If you did **NOT** check a box in STEP 2, your child is **NOT** eligible.

TO CONFIRM ELIGIBILITY OF A SPOUSE:

Place a ✓ in each box that applies.

My spouse is:

- My legal spouse. (Does not include a spouse who you are currently legally separated from or an ex-spouse.)

If you checked the box, your spouse is eligible. If you did **NOT** check the box, your spouse is **NOT** eligible.

TO CONFIRM ELIGIBILITY OF A DOMESTIC PARTNER:

Place a ✓ in each box that applies.

My domestic partner and I:

- Share a permanent residence (unless residing in different cities, states or countries on a temporary basis).
- Neither of us are married to or legally separated from another person under either statutory or common law.
- Share responsibility for each other's common welfare.
- Are at least eighteen (18) years of age and mentally competent to consent to this contract.
- Are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
- Are currently and have been for at least the past six (6) months financially interdependent upon each other in accordance with plan requirements outlined by Franklin County. Six (6) months of financial interdependency must be supported by **three** of the following documents: Joint ownership of real estate property or joint tenancy on a residential lease, Joint ownership of an automobile, Joint bank or credit account, Joint liabilities (e.g. credit cards, loans), Will designating the other as primary beneficiary, Retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary, Durable power of attorney signed to the effect that we have granted powers to one another.

If you checked all 7 boxes, your domestic partner is eligible. If you did **NOT** check all 7 boxes, your domestic partner is **NOT** eligible.

To learn more about when a domestic partner or domestic partner's child can enroll for health benefits, [click here](#).

Franklin County Board of Commissioner Agencies 2019 Employee Contributions

Do you see your agency listed here? If so, your 2019 employee contributions are listed below. If your agency or bargaining unit (+) is not listed, you can obtain your contribution from your **2019 OPEN ENROLLMENT BENEFIT SUMMARY** (follow the directions on [page 4](#)) or by contacting your agency.

Effective January 1, 2019

Coverage Level	Monthly contribution
Employee only Employee + child(ren)	\$140
Employee + spouse/ domestic partner Employee + family	\$312

Special Enrollment Notice



If you are declining enrollment for yourself or your dependents (including your spouse/partner) because of other health insurance or group health plan coverage, you may

be able to enroll yourself and your dependents in the Cooperative's plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you do not request enrollment within 30 days, your request to enroll your dependent will be denied.

- ADAMH Board
- Animal Control +
- Auditor
- Board of Commissioners
- Board of Elections
- Central Ohio Community Improvement Corporation
- Child Support Enforcement Agency +
- Clerk of Courts +
- Columbus-Franklin County Finance Authority
- Community Based Correctional Facility
- Coroner +
- Court of Common Pleas - General
- Court of Common Pleas - Domestic/Juvenile
- Data Center
- Economic Development & Planning Department +
- Emergency Management
- Engineer +
- Fleet Management Department +
- Guardianship Service Board
- Human Resources
- Job & Family Services +
- Law Library
- Metropolitan Park Districts
- Office of Homeland Security & Justice Programs
- Office on Aging +
- Probate Court
- Prosecutor
- Public Defender
- Public Facilities Management +
- Public Health
- Purchasing Department +
- Recorder
- Sanitary Engineer
- Sheriff +
- Treasurer
- Veterans Service Commission +

+ Denotes bargaining unit

Summary of Benefits

Medical

Standard v. Incented Plan

Your ThriveOn activity in 2018 determines your medical and behavioral health deductibles in 2019. If you (and your spouse/partner, if applicable) completed the 4 for \$300 in 2018, you qualified for the reduced deductible incentive and will be enrolled in the **INCENTED PLAN**.

If you did not complete the 4 for \$300 as required, you did not earn the reduced deductible incentive and will be enrolled in the **STANDARD PLAN**.

To identify what plan you are enrolled in, check your **2019 OPEN ENROLLMENT BENEFIT SUMMARY**. If you have questions, contact the Benefits & Wellness Office.

MEDICAL PLAN	STANDARD PLAN		INCENTED PLAN	
	Did not complete the 4 for \$300 as required		Completed the 4 for \$300 as required	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Office Visit Copay (OV) - Preventive Care - Virtual Visits - Non-Preventive Care - Premium Tier 1 Specialist - Non-Premium Tier 1 Specialist	\$0 \$0 \$20 \$20 \$40		\$0 \$0 \$20 \$20 \$40	
Therapies and Chiropractic Copay - Limited to 25 visits per plan year	\$20		\$20	
Urgent Care Copay (UC)	\$25		\$25	
Emergency Room Copay (ER)	\$150		\$150	
Inpatient Hospitalization, Outpatient Surgery, Major Diagnostic, Ancillary Services, etc. * Annual	Deductible* \$400 Individual \$1,000 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket* \$2,000 Individual \$5,000 Family	Deductible* \$800 Individual \$2,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket* \$4,000 Individual \$10,000 Family	Deductible* \$200 Individual \$500 Family Coinsurance You pay 0%. Plan pays 100%. Maximum Out-of-Pocket* \$1,000 Individual \$2,500 Family	Deductible* \$400 Individual \$1,000 Family Coinsurance You pay 20%. Plan pays 80%. Maximum Out-of-Pocket* \$2,000 Individual \$5,000 Family

NEW Medical ID Cards issued for 2019



Health4Me

New medical ID cards from United Healthcare will be issued this year. Please discard your current ID card upon receipt of the new one. Visit myuhc.com to print additional cards. Download United Healthcare's Health4Me App in order to display your ID card on your mobile device. Perfect for that child away at school or to have one less card to keep track of! Available for the Apple® iPhone®, iPad® and Android® devices.



Highlighted Programs

November is Diabetes Awareness Month! Help lower your risk through utilization of the Diabetes Prevention and Support Programs.

Nearly 347 million people are affected by diabetes worldwide. Chances are you know at least one person with diabetes and probably more than one with pre-diabetes. Pre-diabetes occurs when blood sugar levels are higher than normal, but still not high enough for type 2 diabetes. While diabetes has no cure, pre-diabetes can be reversed by making small lifestyle changes.

The Diabetes Prevention Program offered through the YMCA, can teach you healthier eating and lifestyle habits that may reduce your risk. Specially trained health coaches work in small group settings to help people learn to eat healthier

and boost activity levels in order to reduce the risk of developing type-2 diabetes. Over the course of the 16-session program, participants will discover:

- How to eat better
- How to read food labels for better nutrition
- How to reap big health benefits from modest increases in activity
- How to avoid slipping back into old habits
- How to stay motivated

For more information, [click here](#) or visit ymcacolumbus.org/ydpp.

If you are diabetic and find it difficult to manage, the Diabetes Support Program, included in the benefits plan at no additional cost to the member, may be right for you.

Connect one-on-one with a nurse who will work with you to help you live your healthiest life. You will work with your nurse to reduce risk factors, establish exercise and weight-loss goals and understand your treatments, tests and procedures. For more information, [click here](#).

Editor's note: This space was formerly occupied by the introduction of the Spine & Joint Solutions Program. Due to contractual issues, this program will no longer be implemented. We apologize for any inconvenience.

-Benefits & Wellness

NEW! CancerBridge, a concierge support program, available January 1

Imagine hearing, "You have cancer." If you heard these words, would you know what to do next? Unfortunately, most of us in this situation would not. CancerBridge can help.

CancerBridge is associated with The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC-James). CancerBridge helps you and your family understand next steps and helps navigate you through the complex cancer healthcare system.

CancerBridge clinicians do not provide medical advice, read medical records, or provide a second opinion over the phone, but offer immediate one-on-one personalized cancer support through your cancer experience.

By dialing a private toll-free num-

ber, you are immediately connected to a certified oncology nurse who will ask questions to better understand your cancer concerns. Within one business day the appropriate physician expert in that specific cancer will call to discuss your questions and possible next steps. Following a call with a specialist, the oncology nurse will follow-up to make sure all your questions have been answered.

Why is an expert in your specific type of cancer important? There are over 200 types of cancer. While community cancer doctors are valuable contributors and most have a basic knowledge of common cancers, CancerBridge connects you to cancer experts that have exceptional knowledge about one specific

type of cancer.

Depending upon your specific cancer and needs, you may be connected to an oncology surgeon, a medical and radiation oncologist, a cancer geneticist and/or a clinical researcher.

CancerBridge services are free-of-charge to you as well as any of your immediate family: your parents, your in-laws, your siblings, your spouse or partner and your children. You do not need to be receiving or planning to receive treatment at OSUCCC – James in order to use CancerBridge and you will not be di-

rected to seek treatment at OSUCCC—James. CancerBridge is available effective January 1, 2019. Watch for additional information in the coming months.



New! Virtual Visits for EAP/Behavioral Health

As lives become more hectic and appointment times with doctors become less available, telemedicine has become a growing trend in health plans. In fact, around 80% of top performing health plans report providing telemedicine as an option in 2018. Your telemedicine option is called '[Virtual Visits](#)'.

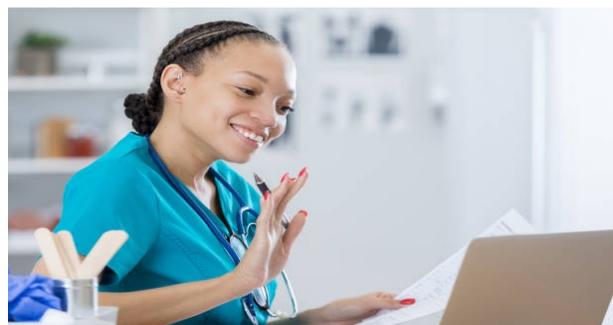
Virtual Visits for medical care (United Healthcare) was introduced several years ago. In 2019, [Virtual Visits will be available for EAP/behavioral health services](#) (Optum/United Behavioral Health). See below for a refresher on the Virtual Visits option for medical and an introduction to Virtual Visits for EAP/behavioral health.

	VIRTUAL VISITS (VV) MEDICAL	VIRUTAL VISITS (VV) EAP/BEHAVIORAL HEALTH
Where do I begin?	myuhc.com or Health4Me app Find a Doctor > Services & Treatments > Office Visits > Virtual Visits	liveandworkwell.com Find a Resources > Virtual Visits
Do I need to register a username and password on the website to use VV?	Yes	Yes
What is my cost for a VV?	\$0	\$0
When should I use VV?	For minor illness: Allergies, pink eye, bladder infection, cough/cold, sinus problems, diarrhea, seasonal flu, stomach ache, prescription medications (per state rules)	For general concerns: Depression, anxiety, general therapy, prescription medications (per state rules)
What equipment or technology do I need?	High speed internet connection (cable, DSL), desktop/laptop/tablet/mobile device with camera/video capability	High speed internet connection (cable, DSL), desktop or laptop (some providers support use of tablet/mobile device) with camera/video capability
Who can use this service?	Anyone covered by your health plan	Anyone covered by your EAP/behavioral health plan
How quickly do I receive services?	Typically within an hour	Within 1 week typically Within 5 business days if using an Express Access Network provider (identified by stopwatch icon)

VV for medical can not replace your primary care physician, but can provide an alternative when seeking care for an immediate, minor illness. If you prefer the face-to-face contact from a visit to a convenience care clinic or urgent care, those options are still available.

VV for behavioral health promises the same standard of treatment and outcome as you would receive with a face-to-face visit with a clinician. It is an alternative option that provides timely, easy access without the stigma that some feel by visiting an actual clinician's office.

If you have questions about either option, please contact [Nurse Vickie](#) or the Benefits & Wellness Office. If you want to learn more about the EAP, [click here](#).



Summary of Benefits

Supplemental Life Insurance

All employees are provided Basic Life and Accidental Death & Dismemberment Insurance. You have the **option** to elect additional Supplemental Life Insurance for you, your spouse/partner and child(ren). Supplemental Life Insurance can be a good way to provide additional protection for your family if you (or your covered spouse/child) were to pass away.

NEW! The maximum amount of Supplemental Life coverage you can elect is increasing from \$300,000 to \$500,000 in 2019. This increase applies to employees only. Spouse/Partner and children maximums will remain the same.

Supplemental Life can be requested in the following amounts:

Employee: Up to **\$500,000 (NEW!)**

Spouse/Partner: Up to \$150,000

Dependent Children: Up to \$10,000

- Supplemental Life is voluntary group term insurance. You pay 100% of the premiums, which are deducted from your paycheck post tax.
- Premiums are based on your age and the age of your spouse/partner.
- Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health.

If you are not currently enrolled in the Supplemental Life program, you are required to submit EOI for any amount requested for you or your spouse/domestic partner.

If you are currently enrolled in the Supplemental Life program, you are required to submit EOI for any amount requested for you or your spouse/partner above the \$10,000 bump described below.

The enrollment system will alert you if EOI is required.

All EOI requests must be submitted to the life insurance carrier by **Dec 31, 2018**.

\$10,000 BUMP WITH NO EOI

If you or your spouse/partner are currently enrolled in the Supplemental Life program, you may increase your supplemental life coverage by \$10,000 without supplying Evidence of Insurability (EOI).

Supplemental Life Rates

Effective Jan. 1, 2019

Rates for Employee and Spouse/Domestic Partner

Available in \$10,000 increments

Age	Monthly Rate per \$10,000 of Coverage
<25	\$0.50
25-29	\$0.60
30-34	\$0.67
35-39	\$0.72
40-44	\$1.00
45-49	\$1.50
50-54	\$2.30
55-59	\$4.30
60-64	\$6.60
65-69	\$10.34
70-74	\$20.60
75+	\$20.60

Rates are based on age on Jan. 1, 2019.

Rates for Child(ren)

\$5,000 increments up to \$10,000

GI Amount \$10,000

Amount	Monthly Cost
\$5,000	\$0.65
\$10,000	\$1.30

Child rates cover all children in the family. For example, if a \$10,000 benefit is elected the cost is \$1.30 regardless of the number of dependent children.



Summary of Benefits

Flexible Spending Accounts

A [Flexible Spending Account \(FSA\)](#) is an employer-sponsored benefit program that allows you to set aside pre-tax dollars from your paycheck to pay for [eligible healthcare or dependent care expenses](#).

NEW! The healthcare FSA annual contribution is increasing from \$1,200 to \$2,000 in 2019. You may contribute to your spending account in increments of \$5, from \$120 to \$2,000. The dependent care FSA annual contribution maximum is \$5,000.

ELIGIBILITY: If you are a benefits eligible employee, you are eligible to participate in the healthcare and dependent care FSA plans. You do not need to be enrolled in the health plan in order to participate.

FSA PLAN YEAR: Your FSA plan year/coverage period begins Jan 1st and ends Dec 31st.

ANNUAL ELECTION: Your annual election is the amount of FSA dollars you set aside each year. The maximum amount you can set aside into your healthcare FSA each year is \$2,000. The minimum amount is \$120. The maximum amount you can set aside into your dependent care FSA each year is \$5,000. The minimum amount is \$120.

FSA FUNDS: Dollars set aside into a healthcare FSA are available on the 1st day of the plan year, or Jan 1st. Dependent care FSA dollars are only available as they are deducted from your paycheck and deposited into your FSA account. For both accounts, dollars are deducted before federal or state taxes are calculated. As a result, your taxable income is lower and you pay less tax.

USE IT OR LOSE IT: FSAs have a 'Use it or Lose it' rule that requires you to use all the money in your FSA by the end of the year. 'Unspent' FSA dollars won't be returned to you and funds do not roll over to the next plan year.

BENEFITS CARD OR PAPER CLAIM: One of the features of your FSA is the FSA benefits card/

MasterCard, which gives you easy access to your FSA dollars. Swipe your benefits card (just like a regular bank card) and funds are automatically taken from your FSA account and paid to the provider. [Claims can also be submitted via paper claim form](#). Supporting documentation may be requested for any claim, including those paid for with the benefits card. Click the link above to go to download the paper claim form.



IMPORTANT! NEW FSA CARDS TO BE ISSUED

Employees currently enrolled in the FSA program with a benefits card expiring in 2018, as well as any employee new to the FSA program in 2019, will receive a new benefits card no later than December 31, 2018.

FOR MORE INFORMATION: For more information about the Flexible Spending Account program, [click here](#).



Keep earning Wellness Points until November 30, 2018!

This year isn't over yet. If you completed the 4 for \$300, you are able to keep earning wellness points until November 30, 2018. Earn 100 wellness points by the deadline to get your name entered in to a drawing for \$1,000! Ten winners will be drawn. [To learn more about earning Wellness Points, click here.](#) The list of wellness activities you can complete to earn points can be found below.

4 for \$300
40 points



early health assessment
completion
10 points



phone coaching
15 points



real appeal
15 points



physical exam
15 points



wellness activities
15 points



diabetes/asthma
management
15 points



dental exam
10 points



vision exam
10 points



ThriveOn Challenge
15 points



self-directed coaching
10 points



digital workshops
5 points



daily dash
20 points



Looking ahead...

The paint is still drying on 2019 ThriveOn programming! But here is an idea of what is in store:

- Continued emphasis on completion of your Health Risk Assessment (HRA) and Health Screening (HS) and being Tobacco-Wise. These are core components of our 2018 programming and will continue into 2019.
- Program incentives to encourage and promote your relationship with a primary care physician (PCP). Having a PCP is an important first step in managing your health. If you do not have a PCP- typically family/general practice or internal medicine - look on myuhc.com for guidance, contact Nurse Vickie, or even ask a friend!
- Eating a healthy diet is key to maintaining not only your waist line, but your overall health. But it is hard navigating all the 'All Natural', 'Gluten Free', 'Low Fat', 'Whole Grain' labels at the grocery store. In 2019, ThriveOn will provide even more programs that can help us all understand what healthy eating looks like and how better to incorporate it into our daily lives.
- More challenges will be incorporated into our wellness program year. These 6 week programs are just what we need to periodically breathe fresh air into our wellness journey. And the prizes aren't bad either!

Continue to take advantage of the programming available in 2018 and stay tuned as we put the finishing touches on 2019!

[Real Appeal](#), [Health Coaching](#), [Diabetes Support Program](#), [Gym Membership Reimbursement](#), [Preventive Exam Incentives](#), [Wellness Points](#), [Employee Assistance Programming \(including a Virtual Visit option - see page 9\)](#), [CoGo](#), [Great River Organics Market Bag](#), [Health Pregnancy Program](#) ... and more!



Did you get your flu shot? [Click here to see a schedule of ThriveOn's onsite flu shot clinics.](#) Appointment required.



Hi! I'm Vickie Yowell, BSN, RN, United Healthcare Clinical Nurse Liaison for Franklin County.

Please come visit me on the 10th floor of the Franklin County Government Center or connect with me via the contact info below.

These are some examples of things I can help you with:

- Navigate United Healthcare tools and resources
- Find a doctor or specialist
- Identify and recommend medical condition-specific programs
- Manage chronic illnesses
- Select appropriate medical care and understand available treatment options
- Provide referrals to clinical and community programs
- Make better healthcare decisions

Here are some commonly asked questions:

Does the nurse liaison offer screenings?

Yes, Nurse Vickie offers blood pressure screenings.

Will my personal information remain private?

Yes, all information shared with Nurse Vickie is strictly confidential and will not be shared.

Is the nurse liaison able to offer other medical services?

No, Nurse Vickie cannot provide hands-on medical services such as blood draws, flu shots, diagnoses, or treatment.

Vickie Yowell, BSN, RN
614-525-NRSE (office)
614-208-1608 (cell)
Vickie_yowell@uhc.com

What else should I know?

Have you met Nurse Vickie?

Vickie Yowell, our onsite nurse liaison is available to help you navigate your health and wellness programs. Over the past year you have probably seen her around your agency. If you have not met her, go up and introduce yourself. Vickie is familiar with your medical, pharmacy, and behavioral health benefits as well as the ThriveOn wellness program. She is a great person to talk to if you have a question about your health and don't know where to turn or how to start.

To learn a little bit more about Nurse Vickie and the types of things she can help you with, read the box to the left or click [here](#).

Ohio State (OSU) to be removed from bariatric surgical benefit effective Jan. 1, 2019

The Ohio State University Medical Center Bariatric Program is being removed from the list of network programs covered by the Cooperative's bariatric surgical benefit starting January 1, 2019.

This change was prompted by the removal OSU's Bariatric Program from the Center of Excellence (COE) network established by United Healthcare. Each COE is evaluated annually based on a set of clinical and administrative components. Programs that do not meet the established criteria are rejected/removed from the COE network.

There are two programs covered under the bariatric surgical benefit:

- Mount Carmel Bariatric Surgery Program
- OhioHealth Weight Management Program

Bariatric surgery is a serious, life-changing medical procedure that should be considered as a final step in one's weight loss journey. Coverage eligibility requirements include, but are not limited to, a 2- year enrollment in the benefits plan immediately prior to surgery and a six month weight loss effort medically documented and supervised by the patient's treating physician.

To learn more about the program read the 2019 bariatric surgical benefit FAQ by [clicking here](#).

Notices & Other Info

1095 FORM

When filing your taxes, you will need to tell the IRS whether you had coverage during the year. You will receive a 1095 form by mail to assist you in this process.

The 1095 form illustrates if your employer offered you ACA-compliant coverage and if you enrolled. Do not send the 1095 form to the IRS with your tax return. Do share it with your tax preparer or advisor. If you have questions about coverage information reported on the 1095 form, contact the Benefits & Wellness Office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses

- Treatment of physical complications of the mastectomy, including lymphedema

Your plan complies with these requirements. Benefits for these items generally are comparable to those provided under the plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

W-2 HEALTH CARE COSTS

The total cost of your healthcare benefits will be reported on your W-2. The amount represents both your contribution as well as your employer's contribution. Look for Box 12, "Code DD".

SUMMARY OF BENEFITS AND COVERAGE

Your Summary of Benefits and Coverage (SBC) and Uniform Glossary provide clear, consistent and comparable information about your health benefits in a simple question-and-answer format. The Uniform Glossary provides definitions of the terms used in the SBC.

Your 2019 SBC will be posted on BeWell.franklincountyohio.gov. Paper copies are available from the Benefits & Wellness Office.

CONTACT INFORMATION

Franklin County Benefits & Wellness Office

Franklin County Government Center

373 S. High Street, 25th Floor

Columbus, OH 43215

Hours: M-F, 8am - 5pm

Website: BeWell.franklincountyohio.gov

Benefits

Telephone: 614-525-5750

Toll-free Telephone: 1-800-397-5884

Email: Benefits@franklincountyohio.gov

ThriveOn

Telephone: 614-525-5750 or 614-525-3948

Email: ThriveOn@franklincountyohio.gov

Pickaway County

April Dengler

Local: 740-420-5450

Fax: 740-474-8988

Email: adengler@pickaway.org

Hours: M-F, 8am - 5pm



Open Enrollment Employee Meetings Schedule

Employee meetings are held on multiple dates and locations. Meetings include a detailed presentation on 2019 coverage changes and ThriveOn programs. Spouse/partners are welcome to attend.

Monday	Tuesday	Wednesday	Thursday	Friday
OCT. 29 Emergency Mgt 10:30 am FCCS Mound 2:00 pm	30 Auto Title North 8:00 am Memorial Hall 8:30 am FCC Correctional 11:00 am FCCS East 2:00 pm	31 Auto Title East 8:00 am Auto Title West 8:00 am Animal Shelter 2:00 pm Sherriff (Training Ctr) 1:30 pm	NOV. 1 BOE 9:00 am Gov. Tower 10:00 am & 2:00 pm JFS West 12:00 pm	2 Common Pleas 10:00 am SWACO 10:00 am Metro Parks (Sharon Woods) 12:00 pm FCCS Frank 3:00 pm
5 Pickaway Engineer 7:30 am Pickaway Service Center 9:00 am Pickaway Commissioner's Office 10:30 am Prairie Twp. 1:00 pm Soil & Water 1:00 pm	6 Sheriff & Fleet Mgt. 9:00 am MORPC 10:00 am Gov. Tower 10:00 am & 2:00 pm JFS East 12:00 pm	7 Auto Title South 8:00 am Engineer 8:00 am Memorial Hall 8:30 am JFS Northland 11:30 am & 12:30 pm	8 CSEA 9:00 am Metro Parks (Blacklick Woods) 9:00 am Gov. Tower 10:00 am & 2:00 pm Coroner 2:00 pm	9 Jefferson Twp. 9:00 am Sheriff (Training Ctr) 10:00 am Economic Development 3:00 pm FCCS Frank 3:00 pm
12 HOLIDAY	13 Gov. Tower 10:00 am & 2:00 pm	14 ADAMH 10:00 am Jefferson Twp. 11:00 am	15 Sheriff (Jackson Pike) 6:30 am & 2:30 pm Gov. Tower 10:00 am & 2:00 pm	16

The Spotlight is developed by the Franklin County Human Resources Department for the Franklin County Board of Commissioners, in partnership with the Franklin County Cooperative Health Improvement Program. More information can be found through the Franklin County Benefits & Wellness Office, 373 S. High Street, 25th Floor, Columbus, OH 43215.